

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:  
County Talbot  
City or town Rural, St. Michaels  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 12 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Talbot  
City or town Rural, St. Michaels  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME Elizabeth Sequine Alden  
3. (b) Social Security Number none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife John Alden

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1865

8. AGE: Years 82 Months 9 Days 6 If less than one day hrs. min.

8. Birthplace Staten Island, N.Y.  
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name John J. Sequine

13. Birthplace Staten Island, N.Y.

14. Maiden name Cornelia Veil

15. Birthplace Poughkeepsie, N.Y.

16. Informant Mrs. Frank O. Grattan

Address St. Michaels, Md.

17. Burial Date thereof June 29, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Maravian Cemetery

Location Staten Island, New York

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. June 28, 48 Mrs. Robert L. Seth  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 23 1948 to June 27 1948 and that I last saw him/her alive on June 27 1948

Immediate cause of death Chronic Myocarditis DURATION 5 years

Due to

Due to

Other conditions Chronic Nephritis 3 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Robert H. Bink M.D. M.D. or other

Address St. Michaels, Md. Date signed 6/28/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The aged age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

139a

6523

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County SebatCity or town Essex  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Mengial HospitalHow long in hospital or institution? 9 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Centerville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Bettrice Anderson

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Black 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) September 11, 19018. AGE: Years 46 Months 8 Days 29 it less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Queen Anne County  
(Town, county, and state)10. Usual occupation Cook

11. Industry or business \_\_\_\_\_

12. Name Harry Hill13. Birthplace Queen Anne County14. Maiden name Harriett Hill15. Birthplace Queen Anne County16. Informant Henrietta Handy - friendAddress Centerville, Maryland17. Burial Date thereof 6/11/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Centerville, Md.18. Funeral director Samuel A. HenryAddress Centerville, Md.19. 6/10 19 48 N. St. Neeruv  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 9 June 19 48 at 1 1/2 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 48 to 9 June 19 48and that I last saw him alive on June 19 48Immediate cause of death Shock DURATION 8 hoursDue to Post operative hemorrhageDue to operation for tubo-ovarian abscess (st.)

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations Severe Pelvic InflammationDisease with large abscess Date of op. 8 June 48Autopsy results abd full of blood

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. B. Ambler M. D. or other \_\_\_\_\_Address Easton, Md. Date signed June 48

RECEIVED

JUN 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TALBOTCity or town EASTON Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

SARAH BLAKE

## 3. (b) Social Security Number

4. Sex Female5. Color or race C6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife:

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Mar. 1, 18868. AGE: Years 62 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 600 day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Talbot Co. Md.  
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name James Gibson13. Birthplace Talbot Co. Md.14. Maiden name Unknown

15. Birthplace

16. Informant Grace SmithAddress Easton Md.17. (Burial, cremation, or removal, Which?) Burial Date thereof June 27/48  
(month) (day) (year)Cemetery or crematory Richardson CemeteryLocation Easton Talbot Co. Md.18. Funeral director Carl W. HoffordAddress Easton Maryland19. 6/22 19 48 D. D. Neerue  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## MEDICAL CERTIFICATION

2D. DATE OF DEATH June 21 19 48 at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-1 19 48 to 6-21 19 48  
and that I last saw him alive on 6-21 19 48

Immediate cause of death

Generalized Arteriosclerosis

Duration

DURATION

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

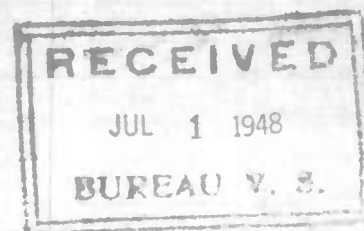
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Walter F. Buel M. D. or otherAddress Easton Md. Date signed 6-22-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6525  
Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
City or town Easton, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 7 days  
Hospital, institution, or street address where death occurred:  
Memorial Hosp. Easton, Md.  
How long in hospital or institution? 7 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Queen Anne  
City or town Queen Anne  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

MRS. Margaret E. Boyle

## 3. (b) Social Security Number

ED 71

## 4. Sex

F

## 5. Color or race

W.

## 6. (a) Single, married, widowed, or divorced

Married

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948, at 9:45 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 June 1948 to 8 June 1948and that I last saw him alive on 8 June 1948Immediate cause of death Respiratory failure DURATION

## 8. AGE:

68 yrs.

4

30

hrs. min.

## 9. Birthplace

Belts Maryland  
(Town, county, and state)

## 10. Usual occupation

Housework

## 11. Industry or business

FATHER

## 12. Name

Patrick Egan

## 13. Birthplace

Ireland

## 14. Maiden name

Bridgett Dempsey

## 15. Birthplace

Ireland

## 16. Informant

M. Charles J. Boyle - husband

## Address

Queen Anne, Maryland

## 17.

Burial

## Date thereof

6/11/48

(Burial, cremation, or removal, which?)

## Cemetery or crematorium

St. Joseph's Church

## Location

Cardinal, Md. R. 1

## 18. Funeral director

Centerville Maryland

## Address

Centerville Maryland

## 19.

6/9 1948N.H. Neerues

(Date rec'd by registrar)

Registrar

## 23. SIGNATURE

Theresa Neerues M.D.  
Easton, Maryland Date signed 8 June 48



RECEIVED

JUN 15 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... Talbot  
 City or town... Easton (R.S.)  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 weeks  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Talbot  
 City or town... Easton (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No...  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war...

## 3. (a) FULL NAME

James Alfred Cannon

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Leida Cannon

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1867  
 6. (c) If alive, give age 74 years

8. AGE: Years 80 Months 10 Days 11 If less than one day  
 hrs. min.

9. Birthplace Caroline County, Md.  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Augustus Cannon13. Birthplace Caroline Co. Md.14. Maiden name Favinia Fleetwood15. Birthplace Caroline Co. Md.16. Informant Mrs. J. Alfred CannonAddress Easton, Md.17. Burial Date thereof 6/15/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton, Md.18. Funeral director Marion H. Newman & SonAddress Easton, Maryland19. 6/13 19 48 N. D. Neirey  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 19 48 at 39 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
1-1 19 48, to 6-12 19 48  
 and that I last saw him alive on 6-11 19 48

Immediate cause of death

Coronary thrombosis

Due to

Gen. Arter. Scl.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. F. Buell M. D. or otherAddress Easton, Md. Date signed 6-14-48

RECEIVED

JUN 22 1948

BUREAU V. S.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Prince George's  
 City or town Centerville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 12 days  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? 12 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Prince Anne  
 City or town Centerville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION) ☒  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Coursey, John

## 3. (b) Social Security Number

4. Sex male 5. Color or race Black 6.(a) Single, married, widowed, or divorced widowed  
 6.(b) Name of husband or wife \_\_\_\_\_  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) March 4, 1887  
 8. AGE: Years 67 Months 3 Days 13 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace St. Michaels, Talbot Co. Md.  
 (Town, county, and state)

10. Usual occupation Laborer

## 11. Industry or business

FATHER 12. Name Thomas Coursey  
 13. Birthplace Talbot County  
 MOTHER 14. Maiden name Wm. Brown  
 15. Birthplace Talbot County

16. Informant Gertrude Johnson, niece  
 Address same (Centerville, Md.)

17. Burial Buried Date thereof June 19-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery  
Centerville, Md.  
 Location

18. Funeral director Samuel A. Henry  
 Address Centerville, Md.

19. 6/18 48 N.B. Neerues  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 17 June 19 48 at 12:15 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 June 19 48 to 17 June 19 48  
 and that I last saw him alive on 16 June 19 48

Immediate cause of death Pulmonary Tuberculosis DURATION 3 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Samuel A. Henry M. D. or other \_\_\_\_\_

Address Centerville, Md. Date signed 7 June 48

RECEIVED

JUN 24 1948

BUREAU V. S.

Star # 3. Tila 9154  
5/19/53 DMK.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

6528

93d

1. PLACE OF DEATH:

County Talbot

City or town Easton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital  
How long in hospital or institution? 6 hrs. 15 min.

3. (a) FULL NAME

John M. Critchlow

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Mrs. Margaret E. Critchlow

7. Birth date of

deceased (mo., day, yr.)

August 11, 1890

8. AGE:

57

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Pennsylvania

(Town, county, and state)

10. Usual occupation

Steel Executive

11. Industry or business

George W. Critchlow

12. Name

13. Birthplace

Pennsylvania

14. Maiden name

Felicia Nesbitt

15. Birthplace

Pennsylvania

16. Informant

Mrs. Margaret E. Critchlow - wife

Address

Easton, Maryland

17. (Burial, cremation, or removal. Which?)

Buried

Date interred

7/2/48  
(month) (day) (year)

Cemetery or crematory

Oxford

Location

Easton, Md.

18. Funeral director

Address

Easton, Md.

19. (Date rec'd by registrar)

7/1

1948

N. R. Neeris  
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn Infants give residence of mother)

State

Maryland

County

Talbot

City or town

Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

EDT

20. DATE OF DEATH

June 30

19 48

at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

November

19 48

to

30 June

19 48

and that I last saw him alive on

30 June

19 48

Immediate cause of death

Serious cranial hemorrhage

DURATION

6 hrs.

Due to

Myocardial infarction

3 years

Due to

Ischemic heart disease

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Paul H. Harrison

M. D. or other

Address

Easton, Maryland

Date signed 30 June 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 8 1948

BUREAU V. S.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 30 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County TalbotCity or town EASTON  
(If outside city or town limits, write RURAL and give nearest town)Street No. South Lane  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3.(a) FULL NAME

Mr. James Dillon

## 3.(b) Social Security Number

4. Sex

MALE

5. Color or race

WHITE

6.(a) Single, married, widowed, or divorced

MARRIED

6.(b) Name of husband or wife

Mrs. Ella Dillon

7. Birth date of

deceased (mo., day, yr.)

May 12, 1871

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

17

hrs.

min.

9. Birthplace

May 12, 1871 Easton  
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

James Dillon

13. Birthplace

unknown

MOTHER

14. Maiden name

Bernie Calloway

15. Birthplace

Delaware

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

6/21/48  
(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton Md

18. Funeral director

Address

19.

(Date rec'd by registrar)

19 48N.H. Neenan

Registrar

## MEDICAL CERTIFICATION

EDT

20. DATE OF DEATH June 18, 1948 at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6-11948to 6-181948and that I last saw him alive on 6-181948

Immediate cause of death

Generalized Arteriosclerosis

DURATION

Due to

Due to

Other conditions

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

W.J. Buel

M. D. or other

Address

Easton Md

Date signed

6-19-48



RECEIVED

JUN 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH

County... Talbot Co.  
 City or town... Easton, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 23 hrs  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? 23 hrs

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Talbot  
 City or town... Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... World War II

## 3. (a) FULL NAME

Mr John Thomas Elms

## 3. (b) Social Security Number

191-16-9110

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Mrs. Esther Elms  
 7. Birth date of deceased (mo., day, yr.) November 17, 1925  
 8. AGE: Years 22 Months 7 Days 7 If less than one day hrs. min.

9. Birthplace Talbot County  
 Town, county, and state

10. Usual occupation Bush - Layer

11. Industry or business

12. Name Paul Elms

13. Birthplace Talbot County

14. Maiden name Alberta Thomas

15. Birthplace Talbot County

16. Informant Mrs. Esther Elms - wife

Address Easton, Maryland

17. Burial (Burial, cremation, or removal, Which?) Buried Date thereof 6/21/48  
 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton

18. Funeral director Mrs. E. Pearson & Son

Address Easton, Md.

19. 6/18 48 N. B. Quinn  
 (Data rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 - 19 48 at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death..... DURATION

Fractured skull

Due to Auto accident

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6-16-48

Where did injury occur? In Cordova Tal Md  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public hi-way

Means of injury Auto accident Injured at work? away from

23. SIGNATURE Louis J. Harty, MD D. M. E.  
 Address Easton Md Date signed 6-17-48

RECEIVED

JUN 24 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 291

### 1. PLACE OF DEATH

County Salisbury  
City or town St. Michaels, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 17 hours  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Salisbury  
City or town St. Michaels, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Twelfth Ave.  
(If rural, give LOCATION)

2. (a) If veteran, name war

### 3. (a) FULL NAME

Walter Fields

### 3. (b) Social Security Number

4. Sex

male

5. Color or race

c

6. (a) Single, married, widowed, or divorced

—

8. (b) Name of husband or wife

—

7. Birth date of deceased (mo., day, yr.)

June 25 1948

8. (c) If alive, give age year

8. AGE:

Years

Months

Days

If less than one day

17 hrs.

— min.

9. Birthplace

St. Michaels, Md.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER  
MOTHER

12. Name  
13. Birthplace  
14. Maiden name  
15. Birthplace

Hamilton Roy Barnett  
Maryland  
Dorothy Fields  
Maryland

16. Informant

Address

Glenn A. Fields  
St. Michaels, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

June 26, 1948  
(month) (day) (year)

Cemetery or crematory

Colored Cemetery

Location

St. Michaels, Md.

18. Funeral director

None

Address

19.

June 26 19 48

Mr. Robt. Peth

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH

June 26 19 48 at 5P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 25 19 48 to June 26 19 48

and that I last saw him alive on

June 26 19 48

Immediate cause of death

Prematurity

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Hayward T. Webb, M.D.  
Easton, Md.

M. D. or other

Address

Date signed 6/26/48

MARGIN RESERVED FOR BINDING

9.45.15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH: Talbot.  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....  
 Hospital, institution, or street address where death occurred:.....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME.....  
 3. (b) Social Security Number.....

4. Sex.....  
 5. Color or race.....  
 6.(a) Single, married, widowed, or divorced.....

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....  
 6.(c) If alive, give age..... years

8. AGE: Years..... Months..... Days.....  
 If less than one day..... hrs. .... min.

9. Birthplace.....  
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial..... Date thereof.....  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. June 4-1948.....  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... 1948, at.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....

and that I last saw him alive on.....

Immediate cause of death..... DURATION.....

Due to.....

Due to.....

Other conditions.....

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

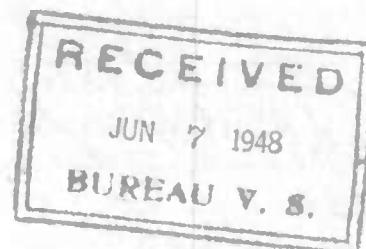
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other.....

Address..... Date signed.....





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6533

Reg. Dist. No. 290

1. PLACE OF DEATH: Talbot County  
City or town: Easton  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 15 years  
Hospital, institution, or street address where death occurred: Needham Ave.  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State: Md. County: Talbot  
City or town: Easton  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.: Needham Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME: Raymond Wallace Goslin

3. (b) Social Security Number

217-10-8681

4. Sex: Male  
5. Color or race: white  
6. (a) Single, married, widowed, or divorced: married  
B. (b) Name of husband or wife: Hilda Goslin  
7. Birth date of deceased (mo., day, yr.): Aug 5, 1897  
8. AGE: Years: 50 Months: 10 Days: 21 If less than one day: hrs. min.

9. Birthplace: Cambridge Md.  
(Town, county, and state)  
10. Usual occupation: Electrician  
11. Industry or business

12. Name: Thomas J Goslin  
13. Birthplace: Cambridge Md.  
14. Maiden name: Emily Hurley  
15. Birthplace: Cambridge Md.

16. Informant: Mrs Raymond Goslin  
Address: Easton Md.

17. Burial: Date thereof: June 28, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory: Spring Hill  
Location: Easton Md.

18. Funeral director: Maurice E Newman Fox  
Address: Easton Md.

19. 6/27 1948 N.S. Meris  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26, 1948 at 10:22 M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/26/1948 to 6/26/1948  
and that I last saw him alive on 6/26/1948  
Immediate cause of death:

Myocardial infarction ~ hours  
Due to: Coronary arteriosclerosis  
Due to:  
Other conditions:  
(Include pregnancy within 3 months of death)

Major findings of operations:  
Date of op.:  
Autopsy results:  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide: Date of:  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury: injured at work?

23. SIGNATURE: M. D. or other  
Address: Easton Md. Date signed:

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6534

Reg. Dist. No. 217

## 1. PLACE OF DEATH:

County TalbotCity or town outside Trappe  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all his life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County TalbotCity or town outside Trappe  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

William Green

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

Negro

## 6. (a) Single, married, widowed, or divorced

Widower

## 6. (b) Name of husband or wife

Dora Green

## 6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.)

Aug 16 1895

## 8. AGE:

Years

Months

Days

If less than one day

52917

hrs.

min.

## 9. Birthplace

Trappe, Tal. Co. Md  
(Town, county, and state)

## 10. Usual occupation

Farm hand

## 11. Industry or business

Farm

## FATHER

## 12. Name

Willis Johnson

## MOTHER

## 13. Birthplace

Trappe Tal. Co. Md (rural)

## 14. Maiden name

Laura K. Green

## 15. Birthplace

Trappe Tal. Co. Md (rural)

## 16. Informant

Samuel Green (RD)

## Address

Trappe, Tal. Co. Md

## 17. Burial

(Burial, cremation, or removal which?)

## Date thereof

June 5 1948  
(month) (day) (year)

## Cemetery or crematory

Trappe Cemetery

## Location

Trappe Tal. Co. Md (rural)

## 18. Funeral director

Robert M. St. Louis

## Address

Cambridge, Md.

## 19. Date rec'd by registrar

June 11 1948Registration

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1948 at 7:15 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

## Immediate cause of death

Coronary occlusion

## DURATION

Immediate

## Due to

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op. \_\_\_\_\_

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

## Means of injury

## Injured at work?

## 23. SIGNATURE

Louis J. Mott MD DMC

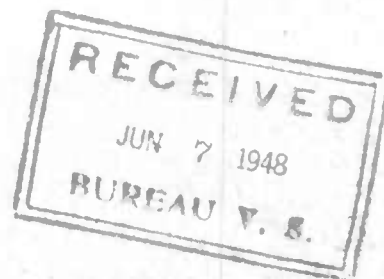
M. D. or other

## Address

Easton Md

## Date signed

6-3-48



164055

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

195d

6535

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... Salisbury CountyCity or town... Salisbury  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 56 days

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 55 days

## 3. (a) FULL NAME

Ellen Louise Holland

4. Sex

Female

5. Color or race

black

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) April 16, 1948

8. AGE: Years Months Days If less than one day

59 yrs. 59 min.

9. Birthplace

Preston, Caroline Co. Maryland  
(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

12. Name

Charles E. Holland

13. Birthplace

Preston, Maryland

14. Maiden name

Ellen Louise Strait

15. Birthplace

Harlock, Maryland

16. Informant

Charles E. Holland - father

Address

RFD #2, Box #65, Preston, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof... (month) (day) (year)

Washington Colored Cemetery

Cemetery or crematory

Near Harlock, Maryland

Location

18. Funeral director

J. J. Thompson and son

Address

Salisbury, Maryland19. 6/13 48 N. L. Merriam  
(Date read by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... CarolineCity or town... Preston, R. F. D. #2  
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

EDM

20. DATE OF DEATH... 12 June 19... 48 at... 1:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him... alive on 6-12-48 19... 48Immediate cause of death... Altitoxis - bacterial

DURATION

Due to... Aspiration pneumonia

Due to...

Other conditions... Renal insufficiency

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results... As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... William H. ThompsonAddress... Salisbury, MarylandDate signed... 6-13-48

*D. W. Johnson*  
*Director*

RECEIVED  
JUN 24 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6536

Reg. Dist. No. 291

## 1. PLACE OF DEATH:

County Talbot  
 City or town Bozman  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death Life  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot  
 City or town Bozman  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

John A. Holland

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male colored married6. (b) Name of husband or wife Ida F. Holland6. (c) If alive, give age 63 years7. Birth date of deceased (mo., day, yr.) June 16, 18798. AGE: Years Months Days It less than one day  
68 11 27 hrs. min.9. Birthplace Bozman, Talbot Co., Md.  
(Town, county, and state)10. Usual occupation Waterman

## 11. Industry or business

FATHER 12. Name Issac Holland  
13. Birthplace Bozman, Talbot Co., Md.MOTHER 14. Maiden name Sarah Moody  
15. Birthplace Bozman, Talbot Co., Md.16. Informant Ida F. Holland  
Address Bozman, Talbot Co., Md.17. Burial Date thereof June 16, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Bozman Cemetery  
Location Bozman, Maryland  
Newnam & Harrison18. Funeral director St. Michaels, Md.  
Address19. June 14 1948 Wm. P. H. Smith  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH June 12, 1948 7:30 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3, 1947 to June 12, 1948and that I last saw him alive on June 12, 1948Immediate cause of death Chronic Myocarditis DURATION 3 years

Due to

Due to

Other conditions Chronic Nephritis. 3 yearsChronic Prostatism. 5 years  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert H. Brink, M.D. M. D. or otherAddress St. Michaels, Maryland Date signed 6/14/48



RECEIVED

JUN 16 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. **290**

### 1. PLACE OF DEATH:

County **Frederick**  
City or town **Rural Eastern Md.**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **25 yrs.**  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State **Md.** County **Larbit**  
City or town **Rural Eastern**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

**Willie Emily George**

### 3. (b) Social Security Number

4. Sex **F.** 5. Color or race **W.** 6.(a) Single, married, widowed, or divorced **M.**  
6.(b) Name of husband or wife **Charles E. George**  
6.(c) If alive, give age **67** years  
7. Birth date of deceased (mo., day, yr.) **May 6, 1867**  
8. AGE: Years **81** Months **1** Days **43** If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace **Bradford County, Pa.**  
(Town, county, and state)

10. Usual occupation **Homemaker**

11. Industry or business

FATHER 12. Name **John Henry Chapel**

13. Birthplace **Bradford County, Pa.**

MOTHER 14. Maiden name **Mary Elizabeth Shile**

15. Birthplace **Tringa County, Pa.**

16. Informant **Charles E. George**

Address **Easton, Md. P.D.**

17. **Buried** Date thereof **July 1, 1948**  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Spring Hill**

Location **Easton, Md.**

18. Funeral director **Reis, Clark**

Address **Easton, Md.**

19. **6/29** 19 **48** **N.H. Nevins**  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **June 28** 19 **48** at **7 P.** M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Dec.** 19 **47** to **June** 19 **48**

and that I last saw her alive on **July 12, 1948**

Immediate cause of death **Arteriosclerotic disease** DURATION **1 yr.**

Due to **Arteriosclerosis and Hypertension** **5 yrs.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE **William S. Symons** M. D. or other \_\_\_\_\_

Address **Easton, Md.** Date signed **6/29/48**

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

JUL 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6538

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County EastCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Fredrick James Marine

## 3. (b) Social Security Number

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

November 23 1880

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

6773

hrs.

min.

9. Birthplace

Dorchester County Maryland  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

William Marine

13. Birthplace

Maryland

14. Maiden name

Margaret Madison

15. Birthplace

Maryland

16. Informant

Mrs. John W. Wells

Address

8. Vernon St. Easton Maryland

17.

(Burial, cremation, or removal, Which?)

Date thereof

June 8, 1948  
(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton Maryland

18. Funeral director

Address

Easton Maryland

19.

(Date rec'd by registrar)

19

48N.H. Neuman

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Dorchester

City or town

Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June 5

19

48 at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him..... alive on.....

19

Immediate cause of death

DURATION

Coronary occlusion Arterial

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Louis D. Hottel, M.D.

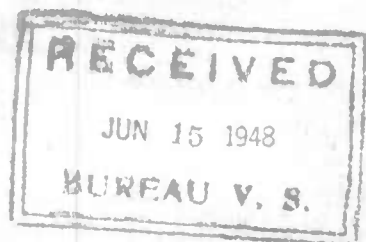
M. D. or other

Address

Easton Md

Date signed

6-7-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot Co.  
 City or town Memorial Hospital  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 48 hrs  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Talbot  
 City or town Boyman  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mr. John McLeod

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

Josephine Neal McLeod

7. Birth date of deceased (mo., day, yr.)

March 8, 1942

8. AGE: Years 76

9. Birthplace

Pennsylvania (Town, county, and state)

10. Usual occupation

Insurance

11. Industry or business

Retired

12. Name

John D. McLeod

13. Birthplace

Vermont

14. Maiden name

Annie Key

15. Birthplace

Pennsylvania

16. Informant

Mr. Neal McLeod - son

Address

1242 34th St NW. Washington D.C.

17. Burial, cremation, or removal. Which?

Burial

Date thereof

6/20/48 (month) (day) (year)

Cemetery or crematory

Allegheny

Location

Pittsburgh Pa

18. Funeral director

Belle Clark

Address

Boston, Md.

19. (Date rec'd by registrar)

6/19 48

Registrar

N.H. Neuman

## MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18-48 19. at 4:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.6. to 6/18/19. 48 and that I last saw him alive on 6-18-19. 48

Immediate cause of death

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Other conditions

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Other conditions

Major findings of operations

Autopsy results

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Major findings of operations

Autopsy results

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Injured at work?

Other conditions

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Injured at work?

Other conditions

Major findings of operations

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Other conditions

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Other conditions

Major findings of operations

Autopsy results

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Means of injury

Injured at work?

Other conditions

Major findings of operations

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Other conditions

Major findings of operations

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Injured at work?

Other conditions

Major findings of operations

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Means of injury

Injured at work?

Other conditions

Major findings of operations

Autopsy results

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Injured at work?

Other conditions

Major findings of operations

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Injured at work?

Other conditions

Major findings of operations

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Means of injury

Injured at work?

Other conditions

Major findings of operations

Autopsy results

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Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Other conditions

Major findings of operations

Autopsy results

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Means of injury

Injured at work?

Other conditions

Major findings of operations

Autopsy results

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Means of injury

Injured at work?

Other conditions

Major findings of operations

Autopsy results

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Means of injury

Injured at work?

Other conditions

Major findings of operations

Autopsy results

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Injured at work?

Other conditions

Major findings of operations

Autopsy results

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Means of injury

Injured at work?

Other conditions

Major findings of operations

Autopsy results

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Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Other conditions

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

RECEIVED

JUN 24 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6540

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
 City or town Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 months  
 Hospital, institution, or street address where death occurred:  
Stewart's Lane Home  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Talbot  
 City or town Royal Oak  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Harriett McDonald

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife William McDonald

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1858 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 90 Months 4 Days 29 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Wisconsin  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Redman

13. Birthplace New York

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_

16. Informant Mrs. Edna McDonald

Address Royal Oak, Md.

17. Burial Date thereof 6/11/48  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Olivet Cemetery

Location St. Michaels, Md.

18. Funeral director Maurice E. Pearson

Address Easton, Maryland

19. 6/10 19 48 N.H. Neer  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1948 at 4:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 pm 19 48, to 9 pm 19 48

and that I last saw him alive on 9 June 19 48

Immediate cause of death Hyperemic heart disease

the cardiac infarction

Due to Coronary artery of the colon

Due to \_\_\_\_\_

Other conditions Hyperemic heart disease

(Include pregnancy within 3 months of death)

Major findings of operations Circumference of the colon

Date of op. June 48

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Thos. H. Pearson M.D.

Address Easton, Maryland Date signed 10 June 48

RECEIVED

JUN 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

121

6541

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TalbotCity or town EASTON  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 days

Hospital, institution, or street address where death occurred:

Memorial Hospital  
How long in hospital or institution? 8 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County CarolineCity or town DENTON  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Harry Miles

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

Black

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

—

## 7. Birth date of

deceased (mo., day, yr.)

February 24, 1923

6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

25

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

## 9. Birthplace

New Stanton, Ind  
(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

FATHER

## 12. Name

Perry Miles

## 13. Birthplace

Ohio

## 14. Maiden name

Ida Foster

## 15. Birthplace

Maryland

## 16. Informant

Mrs. Ida Foster

## Address

Rd. Denton Ind

## 17. (Burial, cremation, or removal. Which?)

Buried Date thereof 26-6-48  
(month) (day) (year)

## Cemetery or crematorium

Spring Grove Cemetery

## Location

near Denton Ind

## 18. Funeral director

J. Virgil Moore

## Address

Denton Ind

## 19. (Date rec'd by registrar)

6/24 19 48 N. H. Needles  
Registrar

## MEDICAL CERTIFICATION

EDW

20. DATE OF DEATH June 23 19 48 at 10:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 15 19 48 to June 23 19 48and that I last saw him alive on June 23 19 48

## Immediate cause of death

Pulmonary embolism

## DURATION

Due to Phlebotrombosis iliac?Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations Information of gall bladder  
chronic appendicitis Date of op. June 17, 1948Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

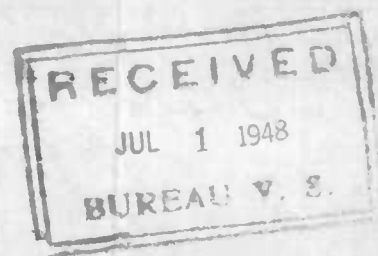
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

## 23. SIGNATURE

James F. Wright  
Easton Ind.

M. D. or other

Address \_\_\_\_\_ Date signed 6/24/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. **M**

admitted 6/1/48

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1348

6542

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH

County Talbot  
 City or town Easton  
 (If inside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 22 1/2 hours  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital, Easton Md.  
 How long in hospital or institution? 22 1/2 hrs.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Federalburg (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_ ✓

## 3. (a) FULL NAME

Will Murphy

## 3. (b) Social Security Number

219-01-1897

4. Sex Male 5. Color or race Black 6. (a) Single, married, widowed, or divorced Widower  
 6. (b) Name of husband or wife this is not available  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) February 16, 1892  
 8. AGE: Years 56 Months 3 Days 17 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Virginia  
 (Town, county, and state)  
 10. Usual occupation Cannery Laborer

11. Industry or business James Court  
 12. Name North Carolina  
 13. Birthplace

MOTHER  
 14. Maiden name Mary Murphy  
 15. Birthplace North Carolina

16. Informant Annabelle Conaway  
 Address same

17. Burial Date thereof June 10, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Federalburg  
 Location Federalburg Md.

18. Funeral director J. J. Frankson Son  
 Address Federalburg Md.

19. 6/3 48 N. H. Neerues  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1948 at 9 A. M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from EDM  
6/1/1948 to 6/2/1948  
 and that I last saw him alive on 6/1/1948  
 Immediate cause of death \_\_\_\_\_

## DURATION

Arteriosclerosis of heart 3 yrs  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

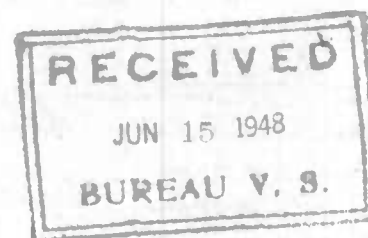
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE PS Cox M.D.  
 Address Easton Md. Date signed 6/4/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Salisbury  
 City or town Easton, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 days  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? 10 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Salisbury  
 City or town Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Ellayn B. Northam

## 3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed  
 6.(b) Name of husband or wife Helen May Osbourn  
 7. Birth date of deceased (mo., day, yr.) February 14, 1871 6.(c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 77 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Oranock, Virginia  
 (Town, county, and state)  
 10. Usual occupation retired  
 11. Industry or business Wholesale candy mfg. co.  
 12. Name Thomas A. Northam  
 13. Birthplace Virginia  
 14. Maiden name Veretta Newman  
 15. Birthplace Virginia

16. Informant Mr. Thomas A. Northam  
 Address Bay Way Park; Bradenton, Florida  
 17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof 6/28/48  
 (month) (day) (year)  
 Cemetery or crematory Mt. Olivet  
 Location St. Michaels, Md.  
 18. Funeral director Norman H. Mansell  
 Address St. Michaels, Md.  
 19. 6/25 19 48 N.H. Nevius  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 24, June, 1948 19 48 at 6 2 40 PM  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 14 June 1948 to 24 June 1948  
 and that I last saw him alive on 24 June 1948

## Immediate cause of death

Generalized Arterio Sclerosis DURATION yes.  
 Due to \_\_\_\_\_

## Due to

Other conditions fractured left femur  
intracerebral hemorrhage 10 days  
 (Include pregnancy within 6 months of death)

## Major findings of operations

Date of op. \_\_\_\_\_

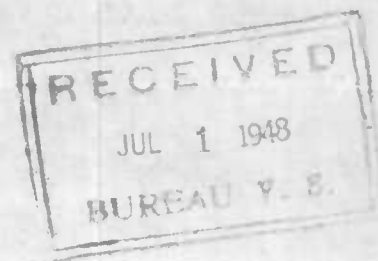
## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following. Prior to admission to hospital  
 Accident, suicide, or homicide Accidental fall Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where) Home 6/25/48  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE M. J. Bruce M.D. M. D. or other \_\_\_\_\_  
Easton, Md. Date signed 6-27-48  
 Address \_\_\_\_\_





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6544

Reg. Dist. No. 292

## 1. PLACE OF DEATH:

County Tackett  
 City or town Exford, Pa.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 7 yrs.  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Pa. County Tackett  
 City or town Exford  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Bertina Grubbs Offutt  
 4. Sex F. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Harry Offutt  
 6.(c) If alive, give age 45 years  
 7. Birth date of deceased (mo., day, yr.) Feb. 10, 1907  
 8. AGE: Years 41 Months 4 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 19 48 at \_\_\_\_\_ M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 Aug 19 46 to 19 Aug 19 46  
 and that I last saw h. in alive on 19 Aug 19 46

Immediate cause of death Head & neck disease

## DURATION

15 years

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Thomas H. Harrison M. D. or other \_\_\_\_\_  
 Address Exford, Maryland Date signed 22 June 48

18. Informant Harry Offutt  
 Address Exford, Maryland  
 19. Burial, cremation, or removal Funeral Home Date thereof June 22, 1948  
 (month) (day) (year)  
 Cemetery or crematory Cedar Hill Cemetery  
 Location Washington, D. C.  
 18. Funeral director Paul H. Harrison  
 Address Exford, Md.  
 19. 6-23-48 N. L. Neer Registrar  
 (Date rec'd by registrar)

RECEIVED

JUN 28 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... Talbot  
City or town... Easton, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 days

Hospital, institution, or street address where death occurred:

Messiah Hospital

How long in hospital or institution? 2 days

## 3. (a) FULL NAME

Jacob Raikes

## 4. Sex

male

## 5. Color or race

black

## 6. (a) Single, married, widowed, or divorced

married

(b) Name of husband or wife Ruth Raikes

Birth date of deceased (mo., day, yr.) September 25, 1882

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day

65 yrs. hrs. min.

9. Birthplace Talbot County  
(Town, county, and state)

10. Usual occupation General Laborer

## 11. Industry or business

12. Name Jacob Raikes

13. Birthplace Talbot Co., Maryland

14. Maiden name Clementine Joshua

15. Birthplace St. Michaels, Md.

16. Informant Ruth Raikes

Address Easton, Maryland

17. Burial Date thereof 6/19/48

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Richards

Location Easton, Md.

18. Funeral director John D. Hupfieb

Address Easton, Md.

19. 6/17 48 N.H. Neuman

(Date rec'd by registrar) 19 48 Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 116 Pleasant St.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

ED 77

20. DATE OF DEATH 16, June 1948 at 6 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5-26 1948, to 6-16 1948

and that I last saw him alive on 6-16 1948

Immediate cause of death

DURATION

Hypostatic Pneumonia 24 hrs

Due to Hypertensive cardiovascular

Due to disease with congestive failure 6 months

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J.T.B. Amble

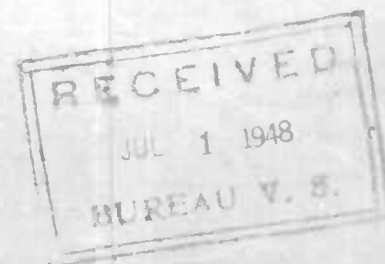
Address Easton Md Date signed 6/17/48

MARGIN RESERVE FOR BINDING

VS A15

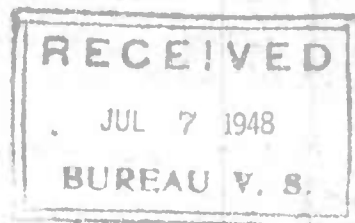
Item of information carefully. The correct age causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Signatures are especially important. Physicians: please





Unknown if syphilitic - Dr. Wetly 7/30/48  
a.s.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6547

Reg. Dist. No. 290

## 1. PLACE OF DEATH

County Prince Georges  
 City or town Reston  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Frank Rosa

## 4. Sex

M.

## 5. Color or race

W.

## 6. (a) Single, married, widowed, or divorced

M.

## 6. (b) Name of husband or wife

RosaRosa

## 7. Birth date of deceased (mo., day, yr.)

June 11, 1867

## 6. (c) If alive, give age

77 years

## 8. AGE:

Years

Months

Days

It less than one day

801128

hrs.

min.

## 9. Birthplace

Prince Georges County, Maryland  
(Town, county, and state)

## 10. Usual occupation

Retired Contractor

## 11. Industry or business

FATHER

## 12. Name

W. G. Rosa

## 13. Birthplace

MD.

MOTHER

## 14. Maiden name

Anna Williams

## 15. Birthplace

MD.

## 16. Informant

W. G. Rosa  
Reston, Md.

## 17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

## Cemetery or crematory

Reston, Md.

## Location

Reston, Md.

## 18. Funeral director

Reston, Md.

## 19.

(Date rec'd by registrar)

6/1048N. H. Neerues  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

MD.

County

Prince Georges

City or town

Reston

(If outside city or town limits, write RURAL and give nearest town)

Street No.

1 Harrison St.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

June 9

19

48

at

3:05

M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

47

to

6-9-1948

and that I last saw him alive on

6/9/1948

## Immediate cause of death

## DURATION

myocardial infarction  
due to arteriosclerotic coronary  
disease

3 days

Due to

Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

B. Lee M.D.

M. D. or other

Address

Reston, Md.

Date signed

6/10/48

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JUN 15 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 292

## 1. PLACE OF DEATH:

County TalbotCity or town Rural, Talbot  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 37 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ms County TalbotCity or town Rural, Talbot, Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Bertie Banned Seemed

## 3. (b) Social Security Number

✓

4. Sex

M.

5. Color or race

W.

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

S. J. Seemed

7. Birth date of deceased (mo., day, yr.)

Jan 4, 18766.(c) If alive, give age 79 years

8. AGE:

Years

Months

Days

If less than one day

7953

hrs.

min.

9. Birthplace

Talbot County, Maryland  
(Town, county, and state)

10. Usual occupation

Housekeeper

11. Industry or business

FATHER

12. Name

George Franklin Price

13. Birthplace

Md.

MOTHER

14. Maiden name

Anna Matilda Price

15. Birthplace

Md.

16. Informant

Mr. Lee Price

Address

August St. Boston, Md.

17. (Burial, cremation, or removal, which?)

Date thereof

June 7, 1948  
(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Boston, Md.

18. Funeral director

Reinhard

Address

Boston, Md.19. June 5 19 48  
(Date rec'd by registrar)

19

48

Donlatwood

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 19 48 at 1:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 31 19 48 to June 4 19 48  
and that I last saw him alive on June 6 19 48

Immediate cause of death

Cerebral hemorrhage

DURATION

5 days

Due to

Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

23. SIGNATURE

Donlatwood  
June 5 19 48

M. D. or other

Address

Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital  
How long in hospital or institution? 13 days

## 3. (a) FULL NAME

Wallace C. Tilghman

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

Black

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

JUN. 29, 1903

8. AGE:

Years

Months

Days

If less than one day

44118

hrs.

min.

9. Birthplace

ROYAL OAK  
(Town, county, and state)

10. Usual occupation

FARM LABOR

11. Industry or business

FATHER

12. Name

CHAS. A. TILGHMAN

13. Birthplace

ROYAL OAK

MOTHER

14. Maiden name

LIVIA THOMAS

15. Birthplace

BELLEVUE

16. Informant

Harvey S. Thomas - Friend

Address

17.

BURIAL  
(Burial, cremation, or removal)

Date thereof

6/9/48  
(month) (day) (year)

Cemetery or crematory

Diamonds Corner

Location

Easton, Md. R.D.

18. Funeral director

Address

19.

6/7  
(Date rec'd by registrar)

19.

48M.S. Newell  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Talbot

City or town

Royal Oak, Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

ED 7

20. DATE OF DEATH

June 6, 1948 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5-24-1948 to 6-6-1948

and that I last saw him alive on

6-5-1948

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W.C. Tilghman

M. D. or other

Address

Easton, Md.

Date signed

RECEIVED

JUN 15 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 294

## 1. PLACE OF DEATH:

County Talbot  
 City or town Claiborne  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 20 yrs.  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Talbot  
 City or town Claiborne  
 (If outside city or town limits, write RURAL and give nearest town)  
 Sireel No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Sallie T. Washburn

## 3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

female white widow6. (b) Name of husband or wife Howard L. Washburn7. Birth date of deceased (mo., day, yr.) May 25, 1877 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 71 Months - Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace St. Michaels, Talbot Co., Md.  
(Town, county, and state)10. Usual occupation House wife

## 11. Industry or business

12. Name Joseph T. Tunis13. Birthplace St. Michaels, Md.14. Maiden name Helen D. Kemp15. Birthplace Mc. Daniel, Md.16. Informant Mrs. Earle KempAddress Mc. Daniel, Md.17. Burial Date thereof June 8, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Christ Church CemeteryLocation St. Michaels, Md.18. Funeral director Newnam & HarrisonAddress St. Michaels, Md.19. June 7, 1948 G. Wesley Sewell  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1948 10:15A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 2, 1948 to June 6, 1948 and that I last saw er alive on June 6, 1948Immediate cause of death Carcinoma of the liver.DURATION  
6 mon.Due to Carcinoma of the rectum.1 year

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Robert H. Brink M.D. M. D. or other \_\_\_\_\_Address St. Michaels, Md. Date signed 6/7/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JUN 17 1948

BUREAU V. S.